New Jersey Agricultural Mediation Program

Request for Voluntary Mediation

For disputes involving general agriculture-related issues

l (we)	request voluntary mediation
	lew Jersey Agricultural Mediation Program (NJAMP).
Name	
	Zip
	Number
I am:	a commercial farm operator
	a municipal official (title:)
	a neighbor of the farm
	another party (describe:
	ne person(s) with whom you have a dispute and are requesting mediation: Phone:
Address: _	
Name:	Phone:
Briefly descr	ribe the situation:

•	,
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Please list the following far	m details, if known:
The block(s)/lot(s) of the	e farm
Which block/lot is the m	nediation request is associated with?
Is the mediation request	associated with a preserved farm?
to the case. I understand the only and shall not be releast returning this completed reaccept the policies and proposed with so	o NJAMP to release this information to the mediator assigned his information is being released for the purpose of mediation sed for any other purpose without my permission. By equest form, I am consenting to participate in mediation. I ocedures outlined for the program. I understand that for cheduling a mediation session, the agriculture-related issues fit within the scope of NJAMP's regulations, N.J.A.C. 2:76-18.
Signature	Date
Please forward this comple Program by mail, fax, or er	eted request to the New Jersey Agricultural Mediation mail:
	v Jersey Agricultural Mediation Program e Agriculture Development Committee

Please list any other individuals you would like have participate in the mediation:

P.O. Box 330 Trenton, New Jersey 08625

Fax: (609) 633-2004

Email: sadc@ag.state.nj.us Phone: (609) 984-2504

The other parties involved in this mediation will be notified within five (5) working days after NJAMP receives an initial written request. NJAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.